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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) **OR**

Attorney Docket Number	J&J 1576
First Named Inventor	Axel Friese et al.
COMPLETE IF KNOWN	
Application Number	08/427,468
Filing Date	April 24, 1995
Group Art Unit	3761
Examiner Name	Reichle, K.

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TAMPON ESPECIALLY FOR FEMININE HYGIENE AND A PROCESS AND APPARATUS FOR PRODUCING THIS
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) April 24, 1995 as United States Application Number or PCT International Application Number 08/427,468 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
P3934153.4	Germany	10/12/89	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

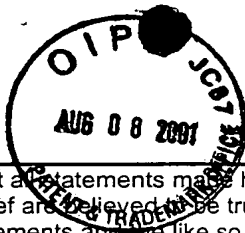
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
07/596,454	10/12/90	Abandoned
07/799,922	11/26/91	Abandoned
07/929,844	08/13/92	Abandoned
08/124,374	09/20/93	Abandoned
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 --		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: Name _____ Registration Number _____		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Joel A. Rothfus at telephone number (732) 524-2722.		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 000027777 OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Axel		Family Name or Surname Frieze	
Inventor's Signature		Date	
Residence: City Durholzen	State	Country West Germany	Citizenship Germany
Mailing Address 5630 Wermelskirschen			
City Durholzen	State	ZIP 53	Country West Germany

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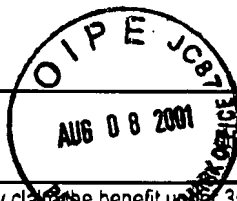
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Stefan		Family Name or Surname Simon	
Inventor's Signature <i>Stefan Simon</i>		Date 28.07.01	
Residence: City Wiener Neudorf	State	Country Austria	Citizenship Austria
Mailing Address Herzfelder Gasse 9			
City Wiener Neudorf	State	ZIP 2351	Country Austria

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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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AND		
<input type="checkbox"/> Practitioner(s) named below:		
Name	Registration Number	
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Direct all correspondence to: Customer Number <input checked="" type="checkbox"/> or Bar Code Label 000027777 OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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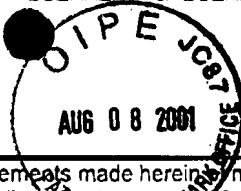
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		Group Art Unit	3761	
		Examiner Name	Reichle, K.	
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<p>TAMPON ESPECIALLY FOR FEMININE HYGIENE AND A PROCESS AND APPARATUS FOR PRODUCING THIS (Title of the Invention)</p>				
<p>the specification of which</p> <p><input type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>April 24, 1995</u> as United States Application Number or PCT International Application Number <u>08/427,468</u> and was amended on (MM/DD/YYYY)</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>				
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.</p>				
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P3934153.4	Germany	10/12/89	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Axel Family Name or Surname Friese

Inventor's Signature *Axel Friese* Date *AUG. 1. 2001*

Residence: City Durholzen State Country West Germany Citizenship Germany

Mailing Address 5630 Wermelskirchen

City Durholzen State ZIP 53 Country West Germany

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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Stefan Family Name or Surname Simon

Inventor's Signature Date

Residence: City Wiener Neudorf State Country Austria Citizenship Austria

Mailing Address Herzfelder Gasse 9

City Wiener Neudorf State ZIP 2351 Country Austria

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NAME OF THIRD INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

Residence:
City →
42929
Wermelskirchen
Mailing Address
Durholzen
ZIP = 42929
Friese
8.1.2001